

## APPLICATION FOR VOCATIONAL TECHNICAL AWARD

Student's Name (Must match student record)							Today's Date				
Student Identification Number		Email Address		When do you plan to complete your program? (Circle) Fall Winter Spring Summer 20__							
Street Address				City, State & Zip Code			Phone Number				
COURSE TITLE				SECTION I		SECTION II		SECTION III			
<b>Short-Term Certificate in Care Navigation &amp; Coordination</b>				This Qtr.	Past Qtr.	Next Qtr.	Transfer	Challenge	Work Exp.	Do Not Write In This Section	
<b>Technical Specialty Courses (10 credits)</b>										#	INSTRUCTIONS
SHS 121	Introduction to Care Navigation									5	<p>1. Place a <math>\checkmark</math> in one of the columns in Section I.</p> <p>2. Section II is for the student who is getting credit for a course <u>NOT</u> taken at SCC. Check the appropriate box if this section applies to you.</p> <p>3. Return this form to the Registration Office in Room BE1104.</p> <p>NOTES:</p>
SHS 122	Care Navigation: Systems of Care									5	
<b>TOTALS</b>									10	<b>G.P.A.</b>	

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Evaluator (Date)

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Dean (Date)